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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☐ Declaration
Submitted
With Initial
Filing

OR

☒ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)
Attorney Docket
Number

348-077

First Named Inventor

COOPER, DAVID NEAL ET AL.

COMPLETE IF KNOWN

Application Number

Filing Date

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

GROWTH HORMONE VARIATIONS IN HUMANS AND ITS USES

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

11/04/2003

as United States Application Number or PCT International

Application Number

PCT/GB2003/004775

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
0226441.4	GB	11/12/2002	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PCT/GB01/05112	GB	11/12/2002	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0308242.7	GB	04/10/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☒ The address associated with Customer Number: 001009 OR ☐ Correspondence address below

Name

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

DAVID NEAL

Family Name or Surname

COOPER

Inventor's Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

UNIV. OF WALES COLLEGE OF MEDICINE, INSTITUTE OF MEDICAL GENETICS, HEATH PARK

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State

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CF14 4XN

Country

GREAT BRITAIN

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

ANNE MARIE

Family Name or Surname

PROCTER

Inventor's Signature

Date

Residence: City

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State

Country

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Citizenship

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Mailing Address

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City

CARDIFF

State

Zip

CF 14 4XN

Country

GREAT BRITAIN

☐ Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental SheetPage 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
JOHN		GREGORY	
Inventor's Signature		Date	
CARDIFF Residence: City	State	GREAT BRITAIN Country	GB Citizenship
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
DAVID STUART		MILLAR	
Inventor's Signature		Date	
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UNIVERSITY OF WALES COLLEGE OF MEDICINE, INSTITUTE OF MEDICAL GENETICS, HEATH PARK			
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CARDIFF City	State	CF14 4XN Zip	GREAT BRITAIN Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
MARK		LEWIS	
Inventor's Signature		Date	
CARDIFF Residence: City	State	GREAT BRITAIN Country	GB Citizenship
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Mailing Address			
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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental SheetPage 4 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
ANGELES		ULIED	
Inventor's Signature		Date	
BARCELONA Residence: City	State	SPAIN Country	SPANISH Citizenship
PHARMACIA SPAIN S.A., CARRETERA DE ROBI, ES-08190, SAN CUGAR DE VALLES			
Mailing Address			
BARCELONA City	State	ES-08190 Zip	SPAIN Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
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